

NOTICE OF TERMINATION OF NOTICE OF COMMENCEMENT

STATE OF FLORIDA
COUNTY OF SEMINOLE

THE UNDERSIGNED hereby gives notice of termination of the Notice of Commencement recorded in Official Records Book _____ Page _____ the public records of Seminole County, Florida. The Notice of Commencement is terminated as of the _____ day of _____, _____ or thirty days after this Notice of Termination of Notice of Commencement is recorded, whichever is later. This Notice applies to: all of the real property described in paragraph 1 or that part of the real property described as follows:

(insert legal description of property and street address, if available)

All lienors have been paid in full.

The Owner, before recording this Notice of Termination of Notice of Commencement, served a copy on the Contractor and on each Lienor giving notice pursuant to Chapter 713, Florida Statutes.

1. Description of property (legal description and address, if available): _____

2. General description of improvement: _____

3. Owner information:

a) Name and address: _____

b) Interest in property: _____

c) Name and address of fee simple title holder (if other than Owner): _____

4. Contractor (name and address): _____

5. Surety:

a) Name and address: _____

b) Amount of bond: \$ _____
6. Lender (name and address): _____

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7., Florida Statutes (name and address): _____

8. In addition to himself, Owner designated _____ (name) of _____ (address) to receive a copy of the Lienor’s Notice as provided in section 713.13(1)(b), Florida Statutes.
9. Expiration date of notice of commencement: _____

Owner _____
By: _____
Print Name: _____
Print Title: _____
Address: _____

STATE OF FLORIDA
COUNTY OF SEMINOLE

SWORN TO and subscribed before me this _____ day of _____, 20____, by _____ (name), as _____ (title) of _____ (name of corporation), a _____ (State) corporation, on behalf of the corporation. He/She [please check as applicable] /_____/ is personally known to me, or has produced /_____/ his/her _____ (state) driver’s license, or /_____/ his/her _____ (type of identification) as identification.

Notary Seal

(Signature)

(Printed Name)
NOTARY PUBLIC, STATE OF _____
My Commission Expires: _____